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## TRANSMITTAL FORM

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Total Number of Pages in This Submission	Attorney Docket Number	MP0478
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### ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  Credit card authorization for \$1,400.00 (in duplicate); Issue Fee Transmittal (in duplicate); Comments on Statement for Reasons for Allowance; and return receipt postcard.
Remarks		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm	Harness, Dickey & Pierce, P.L.C.		
Signature			
Printed Name	Michael D. Wiggins		
Date	December 1, 2005	Reg. No.	34,754

### CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

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Signature		Date	December 1, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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EV 717 344 485 US



**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Application No.: 10/776,381

Filing Date: 02/11/2004

Applicant: Farbod Aram

Group Art Unit: 2819

Examiner: Khai M. Nguyen

Title: COMPENSATION CIRCUIT FOR AMPLIFIERS  
HAVING MULTIPLE STAGES

Attorney Docket: MP0478

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Director of the United States Patent and Trademark Office  
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Alexandria, VA 22313-1450

**COMMENTS ON STATEMENT OF REASONS FOR ALLOWANCE**

Reasons for allowance are only warranted in instances in which "the record of the prosecution as a whole does not make clear the Examiner's reasons for allowing a claim or claims." 37 C.F.R. 1.104(e). In the present case, Applicant believes the record as a whole makes clear the reasons for allowance and therefore no statement by the Examiner is necessary or warranted. Therefore, the record should reflect that Applicant does not necessarily agree with the statement in the reasons for allowance.

For example, the Examiner loosely paraphrases portions of Claim 1 in the Statement of Reasons for Allowance, which purportedly applies to all of the

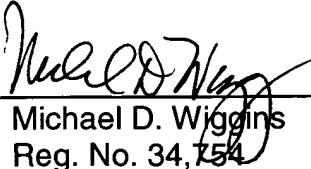
independent claims of the application. The quoted language does not exactly correspond to Claim 1 or any of the other allowed independent Claims.

Applicant's claims should be limited only by the terms utilized therein. Thus, Applicant hereby submits these Comments in an effort to ensure that the claims are properly construed based only upon limitations that are actually present therein and/or to ensure that the claims are not interpreted so as to include any additional claim limitations that are not found in the respective claims.

Should there be any outstanding matters that need to be resolved in the present application, the Examiner is respectfully requested to contact the undersigned. If necessary, the Commissioner is hereby authorized in this, concurrent, and future replies, to charge payment or credit any overpayment to Deposit Account No. 08-0750 for any additional fees required under 37 C.F.R. § 1.16 or under 37 C.F.R. § 1.17; particularly, extension of time fees.

Respectfully submitted,

Dated: December 1, 2005

By:   
Michael D. Wiggins  
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